

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F09000000616

FILED  
Apr 20, 2011  
Secretary of State

**Entity Name:** VISION APPRAISAL TECHNOLOGY, INC.

**Current Principal Place of Business:**

44 BEARFOOT ROAD  
NORTHBOROUGH, MA 01532

**New Principal Place of Business:**

**Current Mailing Address:**

44 BEARFOOT ROAD  
NORTHBOROUGH, MA 01532

**New Mailing Address:**

**FEI Number:** 04-2867314

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 323012525 US

**Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: COMER, KEVIN  
Address: 44 BEARFOOT ROAD  
City-St-Zip: NORTHBOROUGH, MA 01532

Title: S  
Name: TARANTO, ANGELO  
Address: 44 BEARFOOT ROAD  
City-St-Zip: NORTHBOROUGH, MA 01532

Title: T  
Name: COMER, MICHAEL  
Address: 44 BEARFOOT ROAD  
City-St-Zip: NORTHBOROUGH, MA 01532

Title: D  
Name: RICH, JAMES  
Address: 20 WILLIAMS ST  
City-St-Zip: WELLESLEY, MA 02481

Title: D  
Name: O'BRIEN, ANDY  
Address: 44 BEARFOOT ROAD  
City-St-Zip: NORTHBOROUGH, MA 01532

Title: D  
Name: NEWTON, JEFF  
Address: 20 WILLIAMS ST  
City-St-Zip: WELLESLEY, MA 02481

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: ANGELO TARANTO

S

04/20/2011

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date